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Council approved OK

TOWN OF DAVIE  
6591 S.W. 45 STREET  
DAVIE, FLORIDA 33314  
(954)797-1112

27541

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## HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

### APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: Natural Art Landscape & Design Inc.

BUSINESS STREET ADDRESS: 5360 SW 6th Ave Davie FL ZIP 33314

BUSINESS MAILING ADDRESS: Same ZIP 33314

BUSINESS PHONE: 954 791-4441

DESCRIBE TYPE OF BUSINESS: landscape installation (See letter)

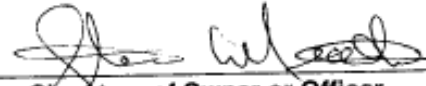
BUSINESS IS: Corporation ☒ Sole Proprietor ☐ Partnership ☐

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Steven Meade</u>	<u>5360 SW 6th Ave Davie</u>	<u>33314</u>	<u>(954) 791-4441</u>
2. <u>Kimberly Meade</u>	<u>Same</u>	<u>33314</u>	<u>same</u>

Federal ID Number or Social Security Number Steven Meade

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, \_\_\_\_\_, and must be renewed before October 1st.

**This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.**

<u>Steven Meade owner</u>	
Print Owner or Officers Name and Title	Signature of Owner or Officer

Office Use Only: Date <u>9/1/11</u> Category _____		Fee Exempt per Sec. 13-13 _____	
License # _____ Control # _____		Fee _____ Rec# _____ New _____ Trans _____	
Council approval Required _____ Yes _____ No _____		Zoning Approval _____ Date _____	
Town Council Date _____		Approved _____ Denied _____	
Tabled To _____		Approved _____ Denied _____	
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____			

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION